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,	•	PART B	FEE(S) T	RANSMITTAL		Á		
Complete and send (	th applicable fee	e(s), to: <u>M</u> ai	Commission P.O. Box 145	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450				
,		or <u>Fa</u>						
maintenance fee notification	ns.	in Block I, by (a)	FEE and PUI ers and notifica specifying a ne	BLICATION FEE (if ation of maintenance ew correspondence ad	required). Blocks 1 through 5 fees will be mailed to the curren dress; and/or (b) indicating a ser	should be completed where it correspondence address as parate "FEE ADDRESS" for		
	CE ADDRESS (Note: Use Block 1 for 590 12/30/2004	any change of address)	OIPE	papers. Each add	ate of mailing can only be used al. This certificate cannot be used litional paper, such as an assignm ificate of mailing or transmission	nent or formal drawing, must		
Poulsen Roser Pa 620 South Front St Central Point, OR 1/08/2005 AWONDAF2 0000	treet	PARTE	AR 0 1 2005	hereby certify to States Postal Ser	that this Fee(s) Transmittal is being vice with sufficient postage for fi	ertificate of Mailing or Transmission this Fee(s) Transmittal is being deposited with the United with sufficient postage for first class mail in an envelope il Stop ISSUE FEE address above, or being facsimile PTO (703) 746-4000, on the date indicated below.		
	550.00 OP	<u> </u>	PADEMARIS	Den	iese Dahl	(Depositor's name)		
. FC:2503 ! FC:1504	300.00 OP			Denie	re Rahl	(Signature)		
					1 mm 05	(Date)		
APPLICATION NO.	FILING DATE	FI	RST NAMED IN	IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/812,709	03/29/2004		L. Pernille O	)lesen	POULAC014	2135		
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APPLN. TYPE nonprovisional			E PUBLICATION FEE \$300		TOTAL FEE(S) DUE \$850	DATE DUE 03/30/2005		
EXAM	ART UNIT		CLASS-SUBCLASS	· ]				
HWU, JUNE		1661		PLT-141000				
	e address or indication of "F	ee Address" (37		g on the patent front page of up to 3 registered	•			
Change of correspond Address form PTO/SB/1	dence address (or Change of 22) attached.	Correspondence	or agents OR,	alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered atto 2 registered pa	of a single firm (havin orney or agent) and the atent attorneys or agen as will be printed.	g as a member a e names of up to ats. If no name is 3			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON TH	IE PATENT (p	rint or type)				
	s an assignee is identified be n 37 CFR 3.11. Completion				assignee is identified below, the	document has been filed for		
(A) NAME OF ASSIGN	_			(CITY and STATE OF				
Poulsen	Roser Al.	<b>'</b> S	Frede	nsborg	Denmark	-		
Please check the appropriate	e assignee category or catego	ries (will not be prin	ted on the pater	nt): 🗖 Individual	corporation or other private g	roup entity Government		
4a The following fee(s) are	enclosed:		Payment of Fee	• •				
Issue Fee		· -	_	he amount of the fee(s)				
Publication Fee (No s		Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
	(from status indicated above MALL ENTITY status. See	_	_		SMALL ENTITY status. See 37 (			

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Date

1 March 2005



Name (Print/Type) Deniese Dahl

PTO/SB/17 (12-04v2)

Date 1 March 2005

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	ctive on 12/08/2004.			Complete if Known							
FEE TRANSMITTAL				Application Number 10/		10/812,70	/812,709				
FEE IR	Filing Date 03/29/2		03/29/200	004 .							
l Fo	First Named Inve	entor	L. Pernille	Olesen							
		Examiner Name	niner Name June Hwu		ı <sup>.</sup>						
Applicant claims small	<u></u>	Art Unit		1661 .							
TOTAL AMOUNT OF PAY		Attorney Docket	No.	Poulac014							
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account	Deposit Accoun	t Number: <u>501828</u>	i	Deposit Acc	count Na	me: Pouls	en Roser	r Pacific Inc			
For the above-ident											
Charge fee(s	s) indicated be	elow		Charge	e fee(s)	indicated b	elow, excel	pt for the filing fee			
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES											
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	<u>Fee</u>			Fees Paid (\$)			
Utility	300	150	500	250	200	100	)				
Design	200	100	100	50	130	) 6:	5				
Plant	200	100	300	150	160	) 80	)				
Reissue	300	150	500	250	600	300	)				
Provisional	200	100	0	0	(	) (	)				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Fee (\$)  Each independent claims  Multiple dependent claims  Total Claims  - 20 or HP =											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =     Number of each additional 50 or fraction thereof   Fee (\$)    - 100 =    /50 =    (round up to a whole number) x   Fees Paid (\$)  4. OTHER FEE(S)											
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Issue Fee \$550 and Publication Fee \$300  850											
SUBMITTED BY	1-	no had	7/15	Registration No.			Telephone	544.045.0050			
Signature //	10 MA 01	20 KIDK		Attorney/Agent)			reichnoue	541-245-8050			

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